

the St. Paul Children and Youth Reading Ministry, a program that is designed to motivate and reward children for their reading efforts.

Pastor Williams is undoubtedly one of the strongest civic leaders in the Capital Region. Pastor Williams' leadership capacities have included: President of United Pastors of Sacramento, Vice President of the National Baptist Convention, U.S.A., Inc, President of the California State Baptist Convention and President of the Northern District Baptist Association. Pastor Williams is the current President of the Oak Park and St. Paul Community Outreach Program.

Pastor and First Lady Williams are the proud parents of Gwen and Ephraim Jr., although he has since passed on. They also enjoy the love and companionship of their four grandchildren and three great grandchildren.

Mr. Speaker, I am honored to congratulate Pastor Williams and First Lady Williams on their 50th wedding anniversary. As the family and friends of the Williams family gather to celebrate this terrific milestone, I would like to especially thank Pastor Williams and First Lady Williams for all their great service to their community. I ask all my colleagues to join with me in wishing Pastor Ephraim Williams and First Lady Carrie Sue Williams continued success in all their future endeavors.

PERSONAL EXPLANATION

HON. XAVIER BECERRA

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 21, 2003

Mr. BECERRA. Mr. Speaker, on Monday, November 17, 2003, I was unable to cast my floor vote on rollcall numbers 620, 621, 622, and 623. The votes I missed include rollcall vote 620 on the Motion to Suspend the Rules and Pass S.J. Res. 22, Recognizing the Agricultural Research Service; rollcall vote 621 on the Motion to Suspend the Rules and Pass S.J. Res. 18, Commending the Inspectors General; roll call vote 622 on the Motion to Suspend the Rules and Agree to H. Con. Res. 299, Honoring Sargent Shriver; and rollcall vote 623, on the Hour of Meeting.

Had I been present for the votes, I would have voted "aye" on roll call votes 620, 621, 622, and 623.

HONORING MR. DANIEL MILLER OF ARLINGTON, TEXAS, TO RECOGNIZE HIS DESIGN OF THE TEXAS STATE QUARTER

HON. MARTIN FROST

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Friday, November 21, 2003

Mr. FROST. Mr. Speaker, I rise today to honor Daniel Miller of Arlington, Texas. Daniel is the artist who designed the Texas State quarter, which will debut in 2004 and will be the 28th in the series of state commemorative quarters from the U.S. Mint. His design was picked from over 3000 entries.

Daniel has gracefully and accurately captured the spirit of our great State. The Texas State quarter will feature a Lone Star springing from the outline of a map of Texas, with a lar-

iat featured prominently. When asked about what inspired him with the coin's design, Daniel simply said, "I toyed around with putting the Alamo in, but Texas is so much more than just the Alamo."

Indeed, Texas is much more than the Alamo. Its rich history and people can hardly be summed up in a coin, but Mr. Miller has gamely risen to the task. Although a native Minnesotan, having come to Texas only 15 years ago, Daniel's design tells me that the blood of a true Texan runs through his veins.

Daniel's inspired work will soon be familiar to millions of people across this great nation. Whether they collect or spend the Texas quarter, I believe that a little bit of the Texas spirit will rub off on everyone who encounters Daniel's work of art.

Mr. Speaker, I am proud of Daniel and his work to recognize Texas's great history. I know my colleagues will join me in congratulating Daniel Miller as we celebrate his design for the Texas State quarter. We salute him today.

INTRODUCTION OF THE MEDICARE CHRONIC KIDNEY DISEASE MANAGEMENT ACT OF 2003

HON. FORTNEY PETE STARK

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, November 21, 2003

Mr. STARK. Mr. Speaker, I rise today to introduce the Medicare Chronic Kidney Disease Management Act of 2003. My bill would expand Medicare eligibility for uninsured patients with advanced chronic kidney disease before their condition progresses to end-stage renal disease (ESRD) status. The bill would provide access to healthcare and most importantly disease management and pre-ESRD educational and counseling services. It would improve the health and quality of life for those suffering from kidney disease and could provide real savings for the Medicare program by helping chronic kidney disease patients delay costly dialysis treatments and kidney transplants associated with the end stage status of the disease.

ESRD patients are the only group of patients eligible for Medicare enrollment solely due to their medical diagnosis. ESRD is characterized by a permanent loss of kidney function, which results in the need for dialysis treatments or kidney transplantation in order to sustain life. Under current law, a physician must certify that an individual's kidney functions have deteriorated to end-stage status for a patient to be eligible for the Medicare ESRD program. Subsequently, there may be an additional waiting period of up to 3 months depending on the type of dialysis procedure chosen by the patient before the individual becomes eligible for benefits. Thus, benefits are only received after the cessation of adequate kidney functioning.

The cost to the Federal Government for providing care to an ESRD patient is very high. The average per capita expense for all ESRD patients was \$33,282 in 2000, approximately 8 times the annual cost of care for the average Medicare beneficiary. The annual cost for in-center hemodialysis, the most frequent form of dialysis used, approaches \$55,000.

There has been a substantial amount of research within the past several years indicating

that the provision of improved medical care and disease-related pre-ESRD educational and counseling services to advanced chronic kidney disease patients prior to their progressing to end-stage renal status has multiple positive effects. The provision of these pre-ESRD services slows down the progression toward ESRD status, decreases the occurrence and intensity of related diseases and decreases overall mortality rates. By allowing uninsured patients with advanced kidney disease to access care prior to qualifying for Medicare due to an End Stage Renal Disease diagnosis, this bill wisely and appropriately addresses a critical unmet health need.

Under the Medicare Chronic Kidney Disease Management Act, uninsured, pre-ESRD chronic kidney disease patients would be eligible for full Medicare coverage and pre-ESRD counseling and educational services. To be eligible, a physician would need to certify that a chronic kidney disease patient has reached a level of kidney functioning deterioration predictive of a need for dialysis or a transplant in the next 1½ years under a widely accepted clinical standard. Individuals eligible under the bill would pay Medicare Part B premiums. Pre-ESRD educational and counseling services provided by this legislation address treatment options, disease management, and nutrition. These new services would also be available to current Medicare enrollees who become diagnosed with chronic kidney disease.

This bill also requests that the Secretary of Health and Human Services establish at least 2 demonstration projects in cooperation with recognized kidney patient organizations, to devise ways, or demonstrate means through which peer education procedures can slow progress to ESRD and improve outcomes for patients with this disease.

Today, more than 300,000 individuals are covered under the Medicare ESRD program. By 2010, it is expected that this number will more than double. This bill, which is supported by the National Kidney Association and the American Association of Kidney Patients, will help minimize the damaging impact of this chronic illness and slow the growth of individuals suffering from ESRD. By delaying the need for either dialysis or transplantation, one can also anticipate substantial cost savings to the government. I urge my colleagues to join me in supporting the Medicare Chronic Kidney Disease Management Act so we can make these vital improvements to the Medicare program for those who suffer from chronic kidney disease.

TRIBUTE TO JENNIFER DOWNEY OF CLINTON TOWNSHIP, MICHIGAN

HON. SANDER M. LEVIN

OF MICHIGAN

IN THE HOUSE OF REPRESENTATIVES

Friday, November 21, 2003

Mr. LEVIN. Mr. Speaker, it is with genuine pleasure that I rise to recognize one of my constituents, Jennifer Downey of Clinton Township, Michigan, for her recent promotion to Chief Petty Officer in the U.S. Naval Sea Cadet Corps.

The U.S. Naval Sea Cadet Corps was established in 1958 to develop an appreciation for the United States' naval history, customs, traditions, and its significant role in national